

CLAIM FOR UNPAID COMPENSATION OF DECEASED CIVILIAN EMPLOYEE

GENERAL INFORMATION: Any assistance deemed necessary for the proper execution of this form will be furnished to all claimants by the employing agency. Forward the completed form to the Government agency in which the deceased was employed at time of death.

PART A

1. NAME AND SOCIAL SECURITY NUMBER OF DECEASED	2. DATE OF DEATH	3. EMPLOYING AGENCY
		4. LAST ADDRESS OF DECEASED

PRIVACY ACT NOTICE TO CLAIMANT(S): 1) Disclosure of your social security number is mandatory and solicited pursuant to Executive Order 9397 of 1943 which provides that it is in the interest of economy and orderly administration that the Federal Government use exclusively the social security number for identification. 2) Disclosure of your social security number will be used for identification purposes in connection with this form.

5. NAME(S) AND SOCIAL SECURITY NUMBER(S) OF CLAIMANT(S)	6. RELATIONSHIP TO DECEASED	7. IF MINOR, STATE AGE
		8. IS DESIGNATION OF BENEFICIARY FOR UNPAID COMPENSATION ON FILE WITH AGENCY? <input type="checkbox"/> YES <input type="checkbox"/> NO
		9. ARE YOU NAMED BENEFICIARY? <input type="checkbox"/> YES <input type="checkbox"/> NO

PART B

(To be completed by the widow or widower of the deceased only.)
Do you certify that you were married to the deceased and to the best of your knowledge and belief that the marriage was not dissolved prior to his/her death? ☐ YES ☐ NO

PART C

(Widow or widower and designated beneficiaries DO NOT FILL IN PART C. All others must.)
List below the name, social security number, age, relationship, and address of:
(a) If no widow or widower survives, list each living child of the deceased (include natural, adopted, illegitimate and stepchildren and indicate after their names which class) or the descendants of deceased children.
(b) If no widow or widower, child or descendant of deceased children survives, list each surviving parent and state whether natural, step, foster, or adoptive parent.
(c) If none of the above survives, list the next of kin who may be capable of inheriting from the deceased (brothers, sisters, descendants of deceased brothers and sisters).

PRIVACY ACT NOTICE: 1) Disclosure of the social security number of the next of kin is voluntary but extremely useful to identify them since their addresses and names may change. As a claimant, you should not disclose the social security number of the next of kin without their prior consent and knowledge that the disclosure is voluntary and will be used only for purposes of identification. 2) The social security number of the next kin is solicited pursuant to Executive Order 9397 of 1943 which provides that it is in the interest of economy and orderly administration that the Federal Government use exclusively the social security number for identification. 3) The social security number of the next of kin will be used to identify them in connection with their rights under this form.

Name and social security number	Age	Relationship to deceased	Address

PART D

1. If none of the above survives and an executor or administrator has been appointed, the following statement should be completed:
I/we have been duly appointed _____
(Executor or Administrator)
by certificate of appointment herewith, administration having been taken out in the interest of _____

(Name, address, and relationship of interested relative or creditor)
and such appointment is still in full force and

NOTE: If making claim as the executor or administrator of the estate of the deceased, no witnesses are required, but a court certificate evidencing your appointment must be submitted.

2. If no administrator or executor has been appointed, will one be _____ ☐ YES ☐ NO

PART E

(Designated beneficiary, surviving spouse, children, parents, or legal representatives DO NOT FILL IN PART E. All others must.)

Have the funeral expenses been _____ ☐ YES ☐ NO (If paid, receipted bill of the funeral director must be expenses? _____)

FINES, PENALTIES, and FORFEITURES are imposed by law for the making of false or fraudulent claims against the United States or the making of false statements in connection therewith

SIGNATURE OF CLAIMANT	DATE	SIGNATURE OF CLAIMANT	DATE
STREET ADDRESS		STREET ADDRESS	
CITY, STATE, AND ZIP CODE		CITY, STATE, AND ZIP CODE	

TWO WITNESSES ARE REQUIRED

We certify that the signature(s) of the claimant(s) shown above was _____
(were) affixed in our presence. (Name(s) of claimant(s))

SIGNATURE OF WITNESS	SIGNATURE OF WITNESS
STREET ADDRESS	STREET ADDRESS
CITY, STATE, AND ZIP CODE	CITY, STATE, AND ZIP CODE

All Government checks in the possession of the claimant, drawn to the order of the deceased in payment of "unpaid compensation," should accompany this claim. All Government checks drawn to the order of the deceased for other purposes (such as veterans' benefits, social security benefits, or Federal tax refunds) should be returned to the agency from which received